

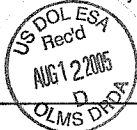
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5715</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Raymond</u> <u>J</u> <u>Lancaster, Jr.</u> P.O. Box, Bldg., Room No., if any _____ Street <u>5104 Elrose Ave.</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95124</u>	4. Name, file number, and address of labor organization. Name <u>United Association Local 393</u> Labor Organization File Number <u>028-029</u> P.O. Box, Building and Room Number, if any _____ Street <u>6150 Cottle Rd.</u> City <u>San Jose</u> State <u>California</u> ZIP Code + 4 <u>95123</u>
5. Position in labor organization. <u>Business Manager-Financial Secretar</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>W L Hickey & Sons</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>190 Commercial St.</u> City <u>Sunnyvale</u> State <u>California</u> ZIP Code + 4 <u>94086</u>	7.a. Nature of Interest, Transaction, or Income. <u>100th Anniversary Celebration</u> 7.b. Amount. <u>\$200</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Raymond J. Lancaster, Jr.</u>	On <u>8/5/2005</u> Date	<u>(408) 448-2672</u> Telephone Number

Name of Person Filing Raymond Lancaster, Jr.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Adams Broadwell Joseph & Cardozo</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 Gateway Blvd., Suite 1000</p> <p>City South San Francisco</p> <p>State California ZIP Code + 4 94080-7037</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Legal Services</p> <p>11.b. Approximate dollar value of such dealing. \$14,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift</p> <p>12.b. Amount. \$54</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Raymond Lancaster, Jr.	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Wachovia Securities</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 303 Almaden Rd.</p> <p>City San Jose</p> <p>State California ZIP Code + 4 95110</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UA Local 393 Pension, Health & Welfare Trusts</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P O Box 5057</p> <p>Street 1120 South Bascom Ave.</p> <p>City San Jose</p> <p>State California ZIP Code + 4 95150-5057</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Consultant</p> <p>11.b. Approximate dollar value of such dealing. \$160,018</p> <p>12.a. Nature of interest held or income received.</p> <p>Golf</p> <p>12.b. Amount. \$70</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UA Local 393 Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O Box 5057

Street 1120 South Bascom Ave.

City San Jose

State California ZIP Code + 4 95159-5057

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UA Local 393 Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O Box 5057

Street 1120 South Bascom Ave.

City San Jose

State California ZIP Code + 4 95150-5057

11.a. Nature of such dealing.

UA Local 393 Pension Trust

11.b. Approximate dollar value of such dealing.

\$19,465,104

12.a. Nature of interest held or income received.

Expense reimbursement for International Foundation
Annual Educational Meeting

12.b. Amount.

\$771

Name of Person Filing Raymond Lancaster, Jr.

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name UA Local 393 Health & Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O Box 5057

Street 1120 South Bascom Ave.

City San Jose

State California ZIP Code + 4 95150-5057

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UA Local 393 Health & Welfare Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P O Box 5057

Street 1120 South Bascom Ave.

City San Jose

State California ZIP Code + 4 95150-5057

11.a. Nature of such dealing.

UA Local 393 Health & Welfare Trust

11.b. Approximate dollar value of such dealing. \$25,380,096

12.a. Nature of interest held or income received.

Expense Reimbursement for International Foundation
Annual Educational Meeting

12.b. Amount. \$771

Raymond J Lancaster, Jr.
Period ending December 31, 2004
Page one of one.

Attachment to Form LM-30

Please note: In some cases, I have provided reasonable estimates in good faith. I will file an amended Form LM-30 for 2004 if more complete information becomes available.

Thank you,


Raymond J Lancaster, Jr.